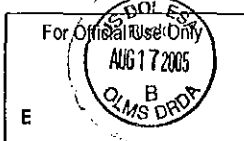


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>11462</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Armand</u> <u>E</u> <u>Sabironi</u>  P.O. Box, Bldg., Room No., if any  Street <u>226 South Main Street</u> City <u>Providence</u> State <u>Rhode Island</u> ZIP Code + 4 <u>02903-2990</u>	4. Name, file number, and address of labor organization. Name <u>Laborers' International Union of North America</u> Labor Organization File Number <u>000-131</u>  P.O. Box, Building and Room Number, if any  Street <u>905 16th Street, N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006-1703</u>
5. Position in labor organization. <u>Gen Sec-Treas &amp; New England Reg Mgr</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/13/05  
Date

401-751-8010  
202-942-2201  
Telephone Number

Name of Person Filing <b>Armand Sabitoni</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b>  _____  <b>11.b. Approximate dollar value of such dealing.</b> \$ _____  <b>12.a. Nature of interest held or income received.</b>  _____  <b>12.b. Amount.</b> \$ _____

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <b>Laborers' Health &amp; Safety Fund of N. America</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street <b>905 16th Street, N.W.</b>  City <b>Washington</b>  State <b>District of Columbia</b> ZIP Code + 4 <b>20006-1703</b>	<b>14.a. Nature of payment.</b>  <b>1/6/04: Meeting with Laborers' Health &amp; Safety Fund of North America representatives, Meal.</b>
<b>13.b. Is the Business an Employer</b> _____ <b>or Consultant</b> _____ <b>?</b>	<b>14.b. Amount of payment.</b> \$ <b>55.</b>

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers' Health &amp; Safety Fund of N. America</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>1/7/04: Meeting with Laborers' Health &amp; Safety Fund of North America representatives, Lunch.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$32</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers-Employers Coop. and Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>1/19/04: National Tri-Fund Conference, Dinner. Amount unknown, best estimate \$50.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers-Employers Coop. and Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>1/20/04: National Tri-Fund Conference, Meal.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$29</p>

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

2/10/04: Laborers' Health & Safety Fund of North America Meeting, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$54

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NE Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 226 South Main Street

City Providence

State Rhode Island ZIP Code + 4 02903-2990

14.a. Nature of payment.

3/13/04: Bootlegger's Ball/Impossible Dream Event, Reception. Amount unknown, best estimate \$65.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

3/17/04: Laborers' Health & Safety Fund of North America Meeting, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$68

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Local Union & District Council Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20001-1703

14.a. Nature of payment.

3/31/04: Local Union & District Council Pension Fund Board of Trustees Meeting, Dinner.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$83

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

4/15/04: Laborers' Health & Safety Fund of North America Meeting, Meal.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$67

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop. and Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

4/25/04, 4/27/04 & 4/28/04: National Tri-Fund Board of Trustees Meetings, Lodging.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$1,088

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers-AGC Education and Training Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 37</p> <p>Street 37 Deerfield Road</p> <p>City Pomfret Center</p> <p>State Connecticut ZIP Code + 4 06259-1405</p>	<p>14.a. Nature of payment.</p> <p>4/26/04: National Tri-Fund Board of Trustees Meetings, Lodging.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$363</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers-Employers Coop. and Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>4/26/04: National Tri-Fund Board of Trustees Meetings, Laborers-Employers Cooperation and Education Board of Trustees Meeting, Meal.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$32</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers' Health &amp; Safety Fund of N. America</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>4/26/04: National Tri-Fund Board of Trustees Meetings, Golf outing.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$64</p>

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

4/27/04: National Tri-Fund Board of Trustees Meetings, Dinner for self and spouse. Amount unknown, best estimate \$100 to \$110.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

4/28/04: National Tri-Fund Board of Trustees Meetings, Golf outing.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$64

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

5/15/04: Laborers' Health & Safety Fund of North America Meeting, Meal.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$57

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NE Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 226 South Main Street

City Providence

State Rhode Island

ZIP Code + 4 02903-2990

14.a. Nature of payment.

5/15/04: Verrazzo Award Dinner, Dinner.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name [Intentionally left blank]

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

[Intentionally left blank]

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NE Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 226 South Main Street

City Providence

State Rhode Island

ZIP Code + 4 02903-2990

14.a. Nature of payment.

6/29/04: International Workers' Compensation Foundation Conference, Registration fee.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$300



## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

7/14/04: Laborers-Employers Coop & Education Trust Lunch.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$26

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

7/14/04: Laborers' Health & Safety Fund of North America Meeting, Dinner.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$39

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NE Laborers' Training Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 37 East Street

City Hopkinton

State Massachusetts ZIP Code + 4 01748-2683

14.a. Nature of payment.

7/23/04: New England Laborers' Training Trust Fund Lunch.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$62

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

8/23/04 to 8/25/04: National Tri-Fund Board of Trustees Meetings, Lodging.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$504

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

8/23/04: National Tri-Fund Board of Trustees Meetings, Parking.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$36

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NY Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 18 Corporate Woods Blvd.

City Albany

State New York ZIP Code + 4 12211-2522

14.a. Nature of payment.

8/12/04: New York Tri-Fund Meetings, Reception for self and spouse. Amount unknown, best estimate \$120.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NY Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 18 Corporate Woods Boulevard

City Albany

State New York

ZIP Code + 4 12211-2522

14.a. Nature of payment.

8/13/04: New York Tri-Fund Meetings, Dinner for self and spouse. Amount unknown, best estimate \$120.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia

ZIP Code + 4 20006-1703

14.a. Nature of payment.

8/24/04: National Tri-Fund Board of Trustees Meetings, Parking.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$36

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia

ZIP Code + 4 20006-1703

14.a. Nature of payment.

8/25/04: National Tri-Fund Board of Trustees Meetings, Parking.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$36

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

9/16/04: Laborers' Health & Safety Fund of North America Meeting, Dinner.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$41

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name [Intentionally left blank]

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

[Intentionally left blank]

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NE Laborers' Health & Safety Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 410 South Main Street

City Providence

State Rhode Island ZIP Code + 4 02903-2982

14.a. Nature of payment.

10/21/04: Post-Retirement Event, Dinner.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$72

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' -AGC Education & Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 37 Deerfield Road

City Pomfret Center

State Connecticut

ZIP Code + 4 06259-1405

14.a. Nature of payment.

11/14/04: National Tri-Fund Board of Trustees Meetings, Lodging.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$331

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia

ZIP Code + 4 20006-1703

14.a. Nature of payment.

11/15/04: National Tri-Fund Board of Trustees Meetings, Lodging.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$331

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia

ZIP Code + 4 20006-1703

14.a. Nature of payment.

11/16/04: National Tri-Fund Board of Trustees Meetings, Lodging.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$331

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers-Employers Coop &amp; Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>11/16/04: National Tri-Fund Board of Trustees Meetings, Lunch.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$28</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers' Health &amp; Safety Fund of N. America</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>11/16/04: National Tri-Fund Board of Trustees Meetings, Golf outing.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$136</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers' National Health &amp; Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 210</p> <p>Street 5565 Sterrett Place</p> <p>City Columbia</p> <p>State Maryland ZIP Code + 4 21044-2604</p>	<p>14.a. Nature of payment.</p> <p>11/17/04: National Tri-Fund Board of Trustees Meetings, Lodging.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$331</p>

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

11/17/04: National Tri-Fund Board of Trustees Meetings, Golf outing.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$181

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NE Laborers' Training Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 37 East Street

City Hopkinton

State Massachusetts ZIP Code + 4 01748-2683

14.a. Nature of payment.

11/23/04: Holiday Gift Basket.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$67

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Local Union & District Council Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

12/14/04: Local Union & District Council Pension Fund Trustee Meeting, Dinner. Amount unknown, best estimate \$50.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NE Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 226 South Main Street

City Providence

State Rhode Island

ZIP Code + 4 02903-2990

14.a. Nature of payment.

12/20/04: New England Laborers-Employers Cooperation & Education Trust Meeting, Dinner. Amount unknown, best estimate \$40.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NY Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 18 Corporate Woods Boulevard

City Albany

State New York

ZIP Code + 4 12211-2522

14.a. Nature of payment.

12/3/04: New York Tri-Fund Meetings, Dinner for self and spouse. Amount unknown, best estimate \$140.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name [Intentionally left blank]

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

[Intentionally left blank]

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



**Addenda to Form LM-30: Labor Organization Officer and Employee Report**

**ARMAND E. SABITONI**

**File Number U -**

**Laborers' International Union of North America, Organization File Number 000 -131**

**Fiscal Year Covered From: 1/1/04 through 12/31/04**

**ADDENDUM A**

On several occasions in 2004, I recall that I was given complimentary promotional items, such as a clothing item, accessory or printed material with the Laborers' International Union of North America logo, etc. At no time did I solicit such items, and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no knowledge as to the value of the items, and do not recall the manufacturer or provider of such items.

**ADDENDUM B**

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items, such as a holiday ham, turkey or bottle of wine, etc. At no time did I solicit such items, and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items, as I shared them with the individuals in my office or donated the items to charity. My actions were in line with published Office of Government Ethics guidelines, which state, "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or an agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed." 5 C.F.R. 2635.205.

**ADDENDUM C**

I am not reporting certain benefits that I received from the New York State Laborers - Employers Cooperation and Education Trust, the New York State Laborers' Health and Safety Fund, and the New York State Political Action Committee, collectively the "New York Tri-Funds." Throughout the course of completing my LM-30 report, the Laborers' International Union North America ("LIUNA"), my employer, learned that the New York Tri-Funds had paid for certain meeting expenses (lodging) on my behalf in 2004, which should have been paid for by LIUNA. It is my understanding that LIUNA has reimbursed the New York Tri-Funds for those benefits (lodging). To that extent, certain benefits (lodging) that may have been initially provided to me by the New York Tri-Funds in 2004, actually have been provided by LIUNA, and, as such, would not be reportable.

**ADDENDUM D**

I have personal friendships with individuals who may be employed by reportable entities under the Labor-Management Reporting and Disclosure Act, which exist separate and apart from my role as a union officer. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and have no specific recollection of any benefits received.

**Addenda to Form LM-30: Labor Organization Officer and Employee Report (page 2)**

**ARMAND E. SABITONI**

**File Number U -**

**Laborers' International Union of North America, Organization File Number 000 -131**

**Fiscal Year Covered From: 1/1/04 through 12/31/04**

**ADDENDUM E**

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

**ADDENDUM F**

I am not reporting any benefits that I may have received from a political action committee ("PAC"). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

**ADDENDUM G**

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

**ADDENDUM H**

On several occasions in 2004, I recall complimentary gifts were sent without my request to my hotel room, such as a fruit basket, cheese basket, bottle of wine or spirits, etc. I have no recollection or knowledge as to the value of the item, nor as to the purchaser or provider of such item.

Armand E. Sabitoni  
General Secretary-Treasurer  
Laborers' International Union of North America  
New England Regional Office  
226 South Main Street  
Providence, RI 02903



August 15, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, D.C. 20210

**Re: Form LM-30 Filing for Armand E. Sabitoni, U-**  
**Labor Organization File No. 000 - 131**

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection of benefits I may have received. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount. Further, in completing the LM-30 report, I have consulted with legal counsel and have obtained and have relied upon legal advice.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

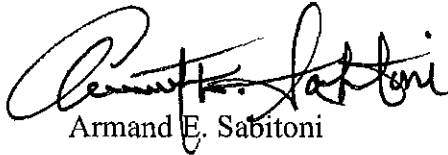
It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the advice of legal counsel and the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all

U.S. Department of Labor  
August 15, 2005  
Page 2

lawfully reported benefits that I received in 2004. By reporting any items on this LM-30 Report, I do not concede that any of the items must be reported under 29 U.S.C. 432, or that I did not receive such items within the provisions of 29 U.S.C. 186(c).

Sincerely,

A handwritten signature in black ink, appearing to read "Armand E. Sabitoni", written in a cursive style.

Armand E. Sabitoni

Enclosure